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## The Process Involved: Determining Key Advantage Benefits Beginning July 1, 2002

Original Budget Submitted By Governor Gilmore Key Advantage Plan (SB29/30)			Governor Warner's Budget Amendment Key Advantage Plan			Key Advantage Plan Final Design for July 1, 2002	
<ul> <li>Increase of employee contribution to premiums for single and family coverage of 11 percent</li> </ul>			<ul> <li>Limit employee contribution to premiums for single and family coverage to increase of 5 percent</li> </ul>			Employee contribution to premiums for single and family coverage will increase 10 percent	
<ul> <li>Increase primary care physician (PCP) copayment from \$15 to \$20 and specialty physician copayment from \$25 to \$30</li> </ul>			<ul> <li>Increase primary care physician (PCP) copayment from \$15 to \$20 and specialty physician copayment from \$25 to \$30</li> </ul>			<ul> <li>Increase primary care physician (PCP) copayment from \$15 to \$20 and specialty physician copayment from \$25 to \$30</li> </ul>	
Increase coinsura	ance to 20%	6	Continue coinsurance at 10% level			Continue coinsurance at 10% level	
Increase out-of-pocket expense limit to \$2,000 per member up to \$6,000 per family; add a \$50 deductible before services are covered			Retain current out-of-pocket maximum of \$1,000 per member up to \$3,000 per family			Retain current out-of-pocket maximum of \$1,000 per member up to \$3,000 per family	
Periodic wellness	checkup ii	ncluded	Periodic wellness checkup included			Periodic wellness checkup not included	
Three-tier outpatient prescription drug program:			Three-tier outpatient prescription drug program:			Increase prescription drug copayments to:	
Participating Retail Pharmacy (per 34-	Tier 1: Tier 2:	\$15 \$20	Participating Retail Pharmacy (per 34-	Tier 1: Tier 2:	\$15 \$20	Participating Retail Pharmacy	
day supply)	Tier 3:	\$35	day supply)	Tier 3:	\$35	34-day supply 35-90 day supply	\$17 \$34
Mail Service (up to 90-day supply)	Tier 1: Tier 2: Tier 3:	\$18 \$33 \$63	Mail Service (up to 90-day supply)	Tier 1: Tier 2: Tier 3:	\$18 \$33 \$63	Mail Service (up to 90-day supply)	\$25
Eliminated inpation     hospital copayme     20% coinsurance	ents, replac		No changes in inpatient or outpatient hospital copayments			Increase inpatient hospital copayment from \$200 to \$300 per confinement; increase outpatient hospital copayment from \$75 to \$100 per visit (waived if admitted)	